

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E534	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2014
NAME OF PROVIDER OR SUPPLIER ATTICA LONG TERM CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 302 N BOTKIN ATTICA, KS 67009		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and complaint investigations # 71216, 70113, 68917, 74149, 71216, 70388 and 75407.	F 000			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: The facility had a census of 51 with 23 in the sample. Based on interview and record review the facility failed to provide 1 sampled resident with the necessary care and services (assessment of vital signs upon return from dialysis) to attain/maintain the resident's highest practicable physical well-being. (#23). Findings included: - Review of resident #23's signed physician order sheet dated 7/31/14 revealed the resident had diagnoses of renal (kidney)/ureteral (ureter) disorder, phosphorous (a mineral in the blood) metabolism disorder, diabetes (when the body can't use glucose, there's not enough insulin made or the body cannot respond to the insulin), chronic kidney disease anemia (low iron in the blood due to the kidney disease), end stage renal	F 309			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>disease (ESRD), gout (inflammation of the joints), renal dialysis (process of removing body waste by use of an artificial kidney) and edema (swelling resulting from an excessive accumulation of fluid in the body tissues).</p> <p>Review of the Annual MDS (minimum data set) dated 4/7/14 and the quarterly MDS dated 6/30/14 revealed the resident had a BIMS (brief interview for mental status) of 15 which indicated no cognitive impairment.</p> <p>Review of the Functional status CAA (care area assessment) dated 4/7/14 revealed the resident had end stage renal disease and left the facility for dialysis three times a week. He/she had a dialysis port in the right arm and had medications he/she took because of his/her renal failure and dialysis. The resident had labs drawn weekly at dialysis and the dialysis facility sent the facility copies of labs. He/she did not like to follow dietary recommendations the majority of the time and usually adjusted his/her diet as needed before going back for routine lab work. The resident also, on occasion, chose not to go to dialysis.</p> <p>Review of the Impaired Kidney Function Care plan dated 4/10/14 revealed the resident had ESRD with hemodialysis (a process of removing excess waste from the blood by use of an arterial/venous fistula (an abnormal passage from an internal organ to the body surface) and an artificial kidney) three times a week. The resident reported he/she wanted his/her fistula checked only after returning from dialysis. There were times the resident chose not to go to dialysis on certain days. The resident had been made aware of the risks of not going to dialysis and having too much fluid, the risks were listed in the care plan.</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>Interventions directed staff to provide numerous assessments and interventions related to resident's #23's dialysis and kidney failure, including assessment of the resident's vital signs weekly and upon return from the dialysis center.</p> <p>Review of the 6/11/14 dialysis communication sheet revealed resident #23 had a blood pressure of 98/47 upon leaving the dialysis center.</p> <p>On 8/6/14 at 2:23 p.m. an interview with the resident revealed he/she did not recall the staff ever obtaining his/her vital signs when he/she returned from dialysis.</p> <p>On 8/6/14 at 3:27 p.m. an interview with direct care staff P revealed when the resident returned from dialysis he/she was not aware that the resident was required to have his/her vital signs measured. Staff P reported vitals were done on the weekend.</p> <p>On 8/7/14 at 9:31 a.m. an interview with direct care staff M revealed the staff that brought the residents back from dialysis then weighed them and assessed vitals.</p> <p>On 8/7/14 at 10:18 a.m. an interview with direct care staff Q revealed he/she transported the residents to dialysis. When they returned, the dialysis communication sheet they were sent with that had the resident's weight, vital signs and any comments were given to the nurse. Staff Q reported he/she did not assess the resident's vital signs upon return from dialysis as directed by the care plan.</p> <p>On 8/7/14 at 11:07 a.m. an interview with licensed nursing staff G revealed vital signs or weights</p>	F 309			

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F 309	Continued From page 3 were not obtained when the resident returned from dialysis On 8/7/14 at 12:01 p.m. an interview with Administrative nursing staff B revealed he/she expected staff to check the fistula site, feel the site and do vital signs upon return from dialysis. Review of the Long Term Care Dialysis care policy dated 5/9/13 revealed the post dialysis nursing assessment included assessment of the resident's access site for bleeding and assessment of blood pressure upon return from dialysis. The facility failed to follow planned intervention to assess resident #23's vital signs after dialysis as directed by the care plan.	F 309			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: The facility reported a census of 51 residents with 23 in the sample. Based on observation, interview, and record review the facility failed to provide oral care for 1 of 4 residents reviewed for ADLs (activities of daily living). (#5) Findings included:	F 312			

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F 312	<p>Continued From page 4</p> <p>- Review of resident #5's annual MDS (Minimum Data Set) dated 8/4/14 revealed a BIMS (Brief Interview for Mental Status) score of 08, indicating moderate cognitive impairment. The resident required extensive assistance of 1 staff for personal hygiene. He/she had obvious or likely cavities or broken natural teeth. He/she did not reject care.</p> <p>Review of resident #5's ADL (activities of daily living) Functional Status CAA (Care Area Assessment) dated 8/5/14 revealed he/she was readmitted to the facility on 6/20/14 after a stroke. The resident had received some physical therapy and did regain use of his/her left side, but he/she did have some left side weakness and appeared to have a slight droop to the left side of his/her face. He/she required cues to chew and swallow food as he/she did sometimes pocket food on the left side of his/her mouth. The staff assisted in making sure resident #5's teeth were brushed routinely at least twice a day.</p> <p>Review of the resident #5's care plan dated 8/5/14 revealed the staff assisted the resident to brush teeth in the morning and evening.</p> <p>Review of the ADL charting revealed from 6/7/14-8/5/14 revealed personal hygiene was not provided by staff twice a day on 6/11-6/13, 6/15-6/20, 6/25, 6/30, 7/9, 7/10, 7/12-7/14, 7/16, 7/23-7/30, and 8/2-8/4. That is 27 out of 60 days the facility's documentation indicated the resident did not receive oral care twice a day.</p> <p>An observation on 8/4/14 at 2:28 p.m. revealed resident #5 had debris stuck in his/her teeth.</p> <p>During an observation on 8/6/14 at 9:02 a.m.</p>	F 312			

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F 312	<p>Continued From page 5</p> <p>direct care staff K and I entered resident #5's room to assist his/her out of bed. Staff K and I transferred the resident from the bed to the wheelchair then out of the room to the shower room. At 9:22 a.m. direct care staff O assisted the resident to shower. At 9:52 a.m. staff O assisted the resident from the shower room to his/her room via wheelchair, assisted the resident with applying glasses and brushing the resident's hair. Staff O did not assist the resident to brush his/her teeth. Staff O then assisted the resident to the dining room for breakfast. At 10:30 a.m. direct care staff M finished assisting the resident to eat, then assisted the resident out of the dining room to the activity room.</p> <p>During an observation on 8/6/14 at 2:16 p.m. revealed resident #5 rested in bed. The resident had debris stuck between several of his/her teeth especially on the left side of his/her mouth.</p> <p>During an observation on 8/7/14 revealed the resident remained in bed from 7:30 a.m.-10:55 a.m. At 10:55 a.m. observed debris stuck between several of resident #5's left front teeth, at that time staff H and M assisted the resident out of bed.</p> <p>During an interview on 8/6/14 at 2:48 p.m. direct care staff J revealed resident #5 required total assistance with oral care. Staff J reported he/she brushed the resident's teeth before breakfast and before bed. He/she reported the resident did get food stuck in his/her teeth and did need his/her teeth brushed.</p> <p>During an interview on 8/7/14 at 8:36 a.m. direct care staff I revealed resident #5 had his/her teeth brushed twice a day. Staff I reported he/she had</p>	F 312			

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F 312	Continued From page 6 not noticed the resident had food stuck in his/her teeth and the resident had been aspirating more lately. Staff I reported he/she swabbed out the resident's mouth after every meal due to pocketing food. During an interview on 8/7/14 at 10:40 a.m. licensed nursing staff G revealed resident #5 had his/her teeth brushed in the morning and at night. Staff G reported the resident required assistance to brush his/her teeth the last few months. During an interview on 8/7/14 at 12:28 p.m. administrative nursing staff B revealed he/she expected the staff to provide oral care 1-2 times a day. Review of the facility's Oral Health Care policy, dated 07/14, revealed every elder received oral care twice daily to ensure the highest level of oral health and oral function. The facility failed to provide oral care for resident #5 who required the assistance of staff to brush his/her teeth.	F 312			
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: The facility had a census of 51 residents. The	F 364			

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F 364	<p>Continued From page 7</p> <p>facility had one main kitchen in which staff prepared food for all residents. Based on observation, interview and record review the facility failed to ensure dietary staff followed menus prepared and approved by a registered dietician for 1 pureed resident.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the menus revealed staff were to offer residents on pureed diets the following foods for lunch on 8/6/14: o Turkey o Bread dressing o Mixed vegetables o Roll/bread with margarine o Peaches <p>Observation on 8/6/14 at 11:40 a.m. revealed dietary staff C, prepared turkey with dressing and gravy, along with steamed vegetables for a pureed meal. The dietary staff failed to include the dinner roll, margarine, and pureed peaches, as part of the menu approved by the Registered Dietician.</p> <p>During an observation on 8/6/14 at 11:53 a.m. resident #5 sat in the dining room and received assistance from direct care staff N with eating his/her pureed diet which consisted of pureed turkey with dressing and mixed vegetables. The facility failed to offer resident #5 pureed peaches, or include the dinner roll and margarine in his/her meal as listed on the menus approved by the registered dietician .</p> <p>An interview on 8/7/14 at 11:00 a.m. with dietary staff D revealed he/she would expect his/her staff</p>	F 364			

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F 364	Continued From page 8 to follow the appropriate planned menu and serve the appropriate food offered to all the residents, including pureed diets. An interview on 8/7/14 at 11:37 a.m. with dietary staff C reported dietary staff prepares the menu items according to the preplanned menu. Staff C revealed he/she should have included the bread/roll, margarine, and fruit for the resident's pureed meal. An interview on 8/7/14 at 12:08 p.m. with dietary consultant staff E revealed he/she would expect the dietary staff to include all the food on the menu to offer to a pureed resident and to also make sure the residents were getting the same calorie count. The facility dietary staff failed to ensure staff followed menus prepared and approved by the Registered Dietician.	F 364			
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: The facility had a census of 51 residents with 23 in the sample. The facility had one main kitchen in which staff prepared food for all residents including pureed. Based on observation, interview, and record review, the facility failed to ensure resident #5 received the therapeutic diet prescribed by the physician. (#5)	F 367			

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F 367	Continued From page 9 Findings included: - Review of the signed physician order dated 7/31/14 revealed resident #5 was on a liberalized geriatric diet, texture as tolerated. Review of the clinical record revealed no physician's orders related to addition of protein to resident #5's diet. During an observation on 8/6/14 at 11:11 a.m., Dietary Staff C pureed multiple foods for resident #5, including turkey, dressing, and mixed vegetables. Staff C added protein powder to the turkey and dressing. An interview on 8/7/14 11:00 a.m., with Dietary staff D revealed the facility always included protein powder for every pureed diet. He/she also revealed there is no order or standing order it was just a part of the pureed meal. An interview on 8/7/14 at 11:37 a.m., with Dietary staff C revealed resident #5 was on a liberalized geriatric diet with texture as tolerated. Staff C reported they add protein powder to all pureed diets. An interview on 8/7/14 at 12:08 p.m., with Dietary Consultant E revealed it is standard for the facility to add protein powder to the pureed food for increased protein. He/she reported he/she is unaware of an order for the added protein. The facility failed to ensure resident #5 received the diet prescribed by the physician. Staff added protein powder to the resident's diet without obtaining consent/an order from the physician.	F 367			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371			

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F 371	<p>Continued From page 10</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 51 residents. All 51 residents ate food prepared in the main kitchen. Based on observation, interview and record review, the facility failed to properly store food under sanitary conditions within the dry storage area and within the freezer.</p> <p>Findings included:</p> <p>- During an observation on 8/4/14 at 11:11 a.m., the dry storage area contained the following food items in areas available for use for resident ' s meals:</p> <p>A 128 ounce can of pineapple with significant dents located in the middle of the can over the seam. The can had "Use first" written on it in black marker.</p> <p>Two 128 ounce cans of pears with significant dents located at the top of the cans near the seal or edge.</p> <p>One 32 ounce can of Chile Verde with significant dents located towards the top of the can near the</p>	F 371			

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F 371	<p>Continued From page 11 edge.</p> <p>On 8/4/14 at 11:15 a.m., the main freezer located within the kitchen area contained open bags of hamburger patties, chicken patties, French fries, donuts, breakfast pastries, and waffles. Although the bags used to store the food were meant to be sealed, the bags remained open and the contents exposed.</p> <p>An observation on 8/4/14 at 12:02 p.m. revealed in the memory care unit the refrigerator had an open gallon container of orange juice with no open date on it.</p> <p>During an interview on 8/7/14 at 11:00 a.m. with dietary staff D he/she removed the dented cans on the shelves for use and would send them back for credit. He/she was unaware the dented cans were on the shelf for use.</p> <p>During an interview on 8/7/14 at 11:37 a.m. with dietary staff C revealed he/she helped put away the food when the truck is delivered. When the facility has dented cans the dietary staff was supposed to send them back for credit, but sometimes the facility just goes ahead and serves them. The dietary staff marks them with the words "use first" and puts them in the front of the other cans.</p> <p>During an interview on 8/7/14 with dietary consultant staff E revealed he/she would expect the dietary staff to close all the open bags between meals and to send back the dented cans for a credit.</p> <p>Review of the undated policy for "Food Preparation and Handling Policy" revealed food</p>	F 371			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	Continued From page 12 items will be received, checked and stored properly as soon as delivery is completed. The food will be covered for storage. Any dented/swollen cans will be immediately discarded.	F 371			
F 431 SS=D	The facility failed to ensure staff stored food under safe and sanitary conditions in the dry storage area shelves, the freezer in the main kitchen, and in the memory care unit refrigerator. 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the	F 431			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 431	<p>Continued From page 13</p> <p>Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 51 residents. The facility utilized 3 medication carts for the storage of resident medications. Based on observation, interview, and record review the facility failed to ensure labeling of one resident ' s insulin pen stored in 1 of 3 medication carts. Findings included:</p> <ul style="list-style-type: none"> - An observation on 8/4/14 at 11:20 a.m. in the north hall medication cart revealed an unlabeled Novolog Flexpen (a pre-filled insulin injection). The Novolog Flexpen did not have a label that included the resident's name, open date, or discard date. <p>During an interview on 8/4/14 at 11:20 a.m. with licensed nursing staff F revealed the staff did not label the insulin pen with the resident's name or the date the medication was removed from the refrigerator because the resident normally used the medication within a week. Staff F reported once insulin pens were removed from the fridge and opened the medication did not expire for 30 days.</p> <p>During an interview on 8/6/14 at 3:15 p.m. with administrative staff B revealed once an insulin pen was removed from the refrigerator he/she</p>	F 431			

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F 431	<p>Continued From page 14</p> <p>expected the staff to label the pen with the resident's name and the opened date. Staff B reported he/she did not require the staff to write the expiration date on the insulin pen. Staff B reported insulin pens were good for 28 days after opening.</p> <p>Review of the facility's undated policy for Medication Labels revealed each prescription medication would be labeled with the elder's name, date the medication was dispensed, and the expiration date if the medication was not used within 24 hours.</p> <p>Review of the manufacturer guidelines for Novolog revealed that once opened, pre-filled pens and cartridges should be thrown away after 28 days.</p> <p>The facility failed to label a Novolog Flexpen with resident information to ensure the medication was used only for that resident and an open date to ensure disposal of the medication after 28 days.</p>	F 431			